



TOWN OF ISLIP DEPARTMENT OF PLANNING AND DEVELOPMENT
Building Division

Permits.....224-5466, 69
Records/Inspections.....224-5470
Plans Examiners.....224-5467, 68

ONE MANITTON COURT ISLIP, NEW YORK 11751 Phone (631) 224-5464 Fax (631) 224-5462
Phil Nolan, Supervisor

RETAINING WALL

All walls greater than 18 inches in height from average, undisturbed grade shall be set back from any property line a minimum of four feet or a distance equal to the height of the wall above average grade, whichever is greater. For example: a 4 foot high retaining wall requires a minimum setback of 4 feet; a 5 foot high retaining wall requires a minimum setback of 5 feet, etc. Walls that are 18 inches or higher, at any point above average grade, shall obtain a permit prior to construction. All walls, as defined in §68-3 shall receive a determination of the necessity of site plan review from the Division of Building and Engineering prior - to construction.

All walls 18 inches in height or less from average, undisturbed grade, as defined in §68-3, do not require a setback or permit unless directed by the Town Engineer after a preliminary site assessment. All walls, as defined in §68-3, shall receive a determination of the necessity of site plan review from the Division of Building and Engineering prior to construction

The following are required:

1. Application - completely filled out, signed and notarized
2. Three (3) sets of construction plans
3. Three (3) copies of surveys
4. Fee

PERMIT APPLICATION (revised 0807)

TOWN OF ISLIP BUILDING DIVISION
1 Manittion Court, Islip, NY 11751

PERMIT(S) REQUESTED (Check one or more)

Numbers refer to questions on right

- ☐ Building Permit (must be issued before work starts)
☐ Commercial ☐ Industrial ☐ Residential
☐ Accessory Building ☐ Addition 1-4, 6-8, 11
☐ Interior Alteration 1-4, 8-10, 11
☐ Demolition (valid only 4 months) 1-3, 9, 11
☐ Retaining Wall
____ Year Original DWLG Constructed

PERMIT REQUIREMENTS FOR RETAINING WALL

Three sets of construction plans

Three copies of survey

Office Use Only

0500- _____ Building _____
Address _____ Parking Lot _____
Post Office _____ Fireplace _____
Receipt # _____ Front Foot _____
Base Fee _____ Apron _____
Recreation _____

FINAL SURVEY REQ'D FOR CO Review

Yes

No

Eng. Insp. Fee _____
Contr. Comm. Fee _____
TOTAL FEE _____

ZONING _____ APPROVED _____ DATE _____

APPROVED TO ISSUE _____ DATE _____

SPECIAL CONDITIONS OF PERMIT _____

RETAINING WALL

DATE FILED _____ DATE ISSUED _____

By: _____ Expires _____

A permit shall expire ONE (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but not more than three one year renewals may be granted.

PROPERTY OWNER - Tel. _____

Name _____

Address _____

PROPERTY ADDRESS - Tel. _____

Address _____

CONTRACTOR - Tel. _____

Name _____

Address _____

BOARD OF APPEALS

GRANTED: _____

DENIED: _____

SECRETARY

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I understand that the Town is relying on the information provided herein, any inaccuracy may cause delay or additional fees. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable. *This permit issuance expressly implies approval by the landowner of inspections required of the premises.

Name _____
(Print)

(Signature of Property Owner)

Sworn to before me this ____ day ____ of 200__

Notary Public Signature

1. SIZE & USE of existing structures _____

2. PROPOSED USE _____

3. DESCRIPTION OF PROPOSED WORK _____

4. FLOOR AREA to be constructed or altered _____ Total sq. feet
of all floors excluding cellars and attic. Parking Lot Area _____ Sq. Ft.

5. IF MASTER PLAN, Identify:

6. SETBACKS: Distance new structure to be from property line after construction (corner lots)

Front Yard _____ Other Front Yard _____ Rear Yard _____

Side Yard _____ Other Side Yard _____

7. SIZE of property () x () = _____ sq. ft. or _____ Acres

8. HEIGHT of building from average grade to ridge _____ Feet

9. PROPERTY LOCATION Post Office _____

Street _____ Side of Street ☐ N ☐ S ☐ E ☐ W

Nearest Cross Street _____ Direction from Cross St. ☐ N ☐ S ☐ E ☐ W

Distance from cross St. _____ ft. If on Corner ☐ NE ☐ SE ☐ SW ☐ NW

School District _____

10. Are there any Property Covenants or Condition of Special Permits which would affect the development of this property? _____ If yes, please attach.

11. Name of Filed Map _____

Lot No. on Filed Map _____

Name _____
(Print)

(Signature of Contractor)

County Home Improvement License# _____

Sworn to before me this ____ day ____ of 200__

Notary Public Signature